

# Lesson Plan Format

Teachers Name: \_\_\_\_\_

Roll No. \_\_\_\_\_

Class: \_\_\_\_\_

Class Strength: \_\_\_\_\_

Total Time: \_\_\_\_\_

School Name: \_\_\_\_\_

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## General Objectives:

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## Specific Objectives:

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**Audio Visual Aids:**

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**Teaching Methods:**

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**Previous Knowledge Test**

- 1. Q1
- 2. Q2
- 3. Q3
- 4. Q4
- 5. Q5

**Announcement of Topic**

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<b>Stages</b>	<b>Teacher Activities</b>	<b>Students Activities</b>	<b>Time</b>
<b>Presentati on Stage</b>			

<b>Practice Stage</b>			

<b>Production Stage</b>			
<b>Home Work</b>			